

# *Dateline DHMH*

Maryland Department of Health and Mental Hygiene

## **A Message from the Secretary**

Now that the Maryland General Assembly session has concluded, there are two areas I want to discuss: the fiscal situation and health-related issues that were enacted by the Legislature.



I'm sure it comes as no surprise that the General Fund budget dominated the legislative session. It is an issue that has had, and will continue to have, a significant impact on the Department.

Governor Ehrlich's proposed budget, generous and supportive of our programs, fully funded the Department. However, the legislature's decision to not allow slots resulted in a number of cuts. The Governor's veto of tax increase legislation creates another shortfall of approximately \$135 million for fiscal year 2004, which begins July 1. Add to that a projection of declining revenues, and we have to prepare for cost-containment measures to carry into FY 2005.

To deal with this, the Governor has asked all of the various Departments, Agencies, Offices and Commissions that comprise Maryland's government to take a hard look at their budgets and find ways to promote efficiency and reduce spending immediately.

By addressing the shortfall now instead of waiting until next year, we should be able to spread the necessary spending reductions out over two years, resulting in smaller service reductions overall while preserving and protecting as many of the essential services as possible.

At DHMH, I understand there is no such thing as an easy budget cut. But some choices have to be made, and they must minimize adverse impact to the vulnerable populations we serve.

Although it is too early to know how individual programs will be affected, it is safe to say we are looking at every program for possible cost savings. We are also looking to re-think how we do business, and to maximize our federal funding.

I also realize there may be some concern over possible employee layoffs. We currently have no plans to reduce staff. I appreciate how hard each of you works, and I am committed to do everything I possibly can to prevent layoffs. There will be, however, a reduction in staff through attrition and loss of vacant PINS.

There is always a bottom line — ours is to work together to find ways to reduce the cost of our programs while maintaining essential services to recipients.

*Continued on next page*

## **Memorial Service for Anatomical Donors**

A burial service will be held on Monday, June 16, at Springfield Hospital Center in Sykesville for those people who have donated their bodies to science in the state of Maryland. The interdenominational service will be conducted at 1:30 p.m. across from the Patterson House.

Services are held each year in recognition of those donated and unclaimed bodies used by Maryland's medical and dental education and research study programs. Families and friends of the deceased are invited to attend.

The services are coordinated by the State Anatomy Board and the Springfield Hospital Center Office of Volunteer Services, and are officiated by Springfield's clergy.

## A Message from the Secretary

*Continued*

Even though the budget issue grabbed headlines, there were several positive health-related initiatives that merit mention.

The Legislature voted to create a Board of Physicians to replace the Board of Physician Quality Assurance. Under this new arrangement, Governor Ehrlich, with the advice and consent of the State Senate, will make appointments to the Board beginning August 1. The Board will consist of at least 13 physicians, one physician assistant, five consumers and one public member knowledgeable about risk management. The Board will contract with one or more non-profit groups to conduct medical peer reviews and to provide physician rehabilitation services.

DHMH was also empowered to adopt regulations that prohibit the sale of cosmetic contact lenses without a valid prescription or replacement contact lens prescription. This is designed to protect teenagers and adults from purchasing colored lenses for cosmetic purposes from beauty salons.

Legislation was also passed that requires health maintenance organizations to allow its members, if they choose, to designate a nurse practitioner as their primary care provider. Previously, only physicians could be designated as primary care providers.

And, DHMH can now accept all or part of a specified accrediting report as fulfilling State licensing

requirements for the renewal of a license to operate an assisted living program.

I hope this update is helpful for you. As always, thank you for the great work you do for the Department and for the citizens of Maryland!



## SARS — What You Need to Know

Since February, health officials throughout the world have been increasingly concerned about a new infectious disease called Severe Acute Respiratory Syndrome (SARS). This outbreak was first recognized in China and quickly spread to Hong Kong and other countries of southeast Asia.

The World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) were quick to respond in assisting state and local health departments, including DHMH, with their response to this crisis.

SARS is a respiratory illness that begins with a fever that may be accompanied by an overall feeling of discomfort and body aches. After two to seven days patients may develop a dry cough or have other respiratory symptoms, such as difficulty in breathing.

In a small number of patients, these symptoms may become severe enough to require hospitalization. At present, the WHO estimates that 10-15 percent of those who contract SARS will die of it.

It appears that SARS is caused by a virus very similar to the

common cold. It is spread primarily by close person-to-person contact, and as a result, most patients have either cared for or lived with someone with SARS.

It is still unknown whether the disease can be more broadly spread through the air or by other ways.

Although SARS has caused significant problems in Toronto, Canada, people in the United States have not experienced this level of illness. And, as a result of a concerted effort by the CDC and local health officials, the U.S. has seen very few cases of transmission to health care workers and no cases where SARS was spread within the community.

By mid-May, 64 probable cases of SARS had been reported in the United States, and none had died. There have been five suspect SARS cases in Maryland, with none experiencing serious illness.

There are some common-sense measures that can be taken to prevent the spread of SARS.

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Walter Ellard (left) of the Laboratories Administration collects information from Lori Yu and Julie Bowa, representatives from the Asian American Cancer Program, during Minority Health Month festivities at the O'Connor Building in April.

## SARS — What You Need to Know

*Continued*

The most important is frequent hand washing with soap and water. In addition, people should avoid touching their eyes, nose and mouth with unclean hands. The CDC does not recommend the routine use of surgical masks when people are in public.

For more information, click on the SARS link at [www.edcp.org](http://www.edcp.org) or log onto the CDC Web site at [www.cdc.gov](http://www.cdc.gov).

**Editor's Note:** Thanks to Gary Brunette, a preventive medicine resident in the DHMH Office of Epidemiology and Disease Control Programs, for writing this article.

## SARS — What DHMH Has Done

Since SARS first hit the headlines in February, officials from the DHMH Epidemiology and Disease Control Programs have worked closely with the Centers for Disease Control and Prevention (CDC) to ensure that any sign of this disease in Maryland was carefully monitored and that appropriate actions were taken by all parties concerned.

The first step was to ensure that the state's disease surveillance systems would quickly identify possible cases. This involved closely coordinated monitoring through local county and city health departments. DHMH was also active in providing guidance and advisories to local doctors, hospitals and county health departments.

When possible cases were identified, the Department ensured that appropriate actions involving

patient care were followed. This included monitoring the isolation and quarantine precautions used for each patient and their close contacts. Medical personnel caring for a patient suspected of having the disease were instructed to take appropriate infection control measures, including careful hand washing and wearing a specialized face mask.

To date, all these actions have been successful in preventing the spread of the disease within Maryland.

**Editor's Note:** Thanks to Gary Brunette, a preventive medicine resident in the DHMH Office of Epidemiology and Disease Control Programs, for writing this article.



Jack DeBoy, Deputy Director of the Laboratories Administration, speaks during April ceremonies to recognize National Laboratory Week.



Several DHMH employees took advantage of the opportunity to learn the history of the Underground Railroad in Baltimore while walking for better health in early May. Pictured for a Health Freedom Walk training session are from left, Dorothy Clawson, Al FitzSimons, Charlotte Frazier, Lillian Smackum, Carol Barnes, Jacqueline Campbell and Juanita Harvin.

Staff from the DHMH Center of Maternal and Child Health, along with family and friends, raised \$1,865 during the annual March of Dimes Walk in April. Pictured from left are Charles Fleming, Sharon Wongus, Diana Cheng, Yvette McEachern, Astria Boyd-Millner (in hat), Mary Johnson, Sharon Joseph, Laurie Kettinger, Alex Kettinger, and Maureen Edwards.





## Chiropractic Board Wins Award

The Maryland Board of Chiropractic Examiners was voted the outstanding chiro regulatory board in America for 2003 by the Federation of Chiropractic Licensing Boards (FCLB) during its annual meeting in May. The FCLB is the national association of all state chiro regulatory boards/agencies.

The Board was cited for developing and successfully implementing an inter-agency task force and compliance regimen to assist the regulation of the massage therapy industry which came under the Board's jurisdiction in 1999.

The Board pro-actively set up working subcommittees and task units with its investigative staff and various municipal, county and federal law enforcement agencies. As a direct result, 27 illicit massage businesses were shut down in 2002 and 55 prosecutions were successfully conducted.

Congratulations to the Board members and staff. Members of the Board are Jack L. Murray, president; E. Brian Ashton, vice president; and members Paula Lawrence, Marc Gamerman, Margaret Renzetti, Issie Jenkins, and Ivy Harris. Staff members include James Vallone, executive director; Gwen Wheatley, deputy director; David Ford, senior investigator; Paul Murphy, investigator; Maria Ware, office manager; Bernice Berger, education coordinator; Emily Jones, licensing coordinator; Denise Harris, processing clerk; and Richard Bloom, Board counsel.

## Calendar of Events

Wednesday, June 11 — **2003 DHMH Performance Excellence Award Ceremony**, 9:30 - 11:30 a.m., O'Connor Building lobby.

Tuesday and Wednesday, July 15 - 16 — **Blood Drive**, 9:30 a.m. - 3:00 p.m. O'Connor Building lobby. Call Stephanie Brown at 410-767-6403 for more information or to reserve a time.

Tuesday and Wednesday, October 7 - 8 — **Blood Drive**, 9:30 a.m. - 3:00 p.m. O'Connor Building lobby. Call Stephanie Brown at 410-767-6403 for more information or to reserve a time.

Thursday and Friday, October 23 - 24 — **Maryland Rural Summit**, Ocean City. Log onto [www.fha.state.md.us/opcs/](http://www.fha.state.md.us/opcs/) and click on the 'Rural Health Summit' link for more information.

## Congratulations to . . .

**Colleen Gauruder**, statewide coordinator for Employment and Transition Services in the Developmental Disabilities Administration, who was presented an Outstanding Community Service award from the Arc of Carroll County, which is a provider agency for supports, services and advocacy for individuals with developmental disabilities.



*Over 100 health and fitness coordinators, legislators, chronic disease professionals and representatives of faith-based programs from across the State gathered in early May to attend 'Maryland is for Movers', the first-ever conference sponsored by the Maryland State Advisory Council on Physical Fitness. Pictured, from left, are council member Brenda Loube, luncheon speaker Ken Germano, council chairman Steven Horwitz, council member Marilyn Pick, council coordinator Judy Wilson, council member Alban Bacchus, keynote speaker Pamela Peeke, council vice-chairman Charles Chester and council member Yohannie Shambourger.*

## Simple Precautions Can Reduce Your Risk of Lyme Disease

Confirmed cases of Lyme disease in Maryland rose 17.6 percent from 2001 to 2002. There were 738 confirmed cases reported in 2002, compared to 608 cases in 2001. And, many other cases of Lyme disease probably go unreported.

“With cases on the rise, it is more important than ever for people to avoid areas where ticks live,” said Secretary Sabatini. “Preventing Lyme disease and other diseases carried and spread by ticks is simple and something that people should take very seriously. Wearing protective clothing and performing tick-checks is an easy way to further reduce the risk of infection.”

Tick-borne infections are public health problems for people of all ages. Look for ticks on your bodies after spending time outdoors, particularly in wooded, tall grass or brush areas. Also, be sure to check your children and pets every day.

Biting ticks must remain attached to the human body for at least several hours to transmit disease. It can take up to 24 hours of feeding to transmit Lyme disease, but as few as four to six hours to be infected with the Rocky Mountain Spotted Fever (RMSF) organism.

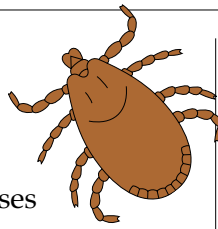
Therefore, finding a tick quickly and removing it, before it has had a chance to attach or to feed is key. To remove a tick safely, use tweezers to grasp the tick as close to the skin as possible and pull straight back and up with a slow steady force. If you are without tweezers, use your fingers but protect them by using a glove or tissue. Do not attempt to burn the tick with a match or “smother” it with petroleum jelly, alcohol, or nail polish.

Other means of protection from ticks include wearing lightweight, light-colored clothing with long sleeves and long pants. Make sure pants legs are tucked into socks and shirts tucked into pants.

The use of tick repellants may also be considered. Repellants are available over the counter, however, please be sure to read package instructions carefully before use, especially on children.

The most common symptom of Lyme disease is a circular, reddish rash enlarging from the site of a tick bite. The center of the rash is typically pale with a red rim, giving the appearance of a “bull’s eye.” Flu-like symptoms (headaches, fever, chills, tiredness, rash, muscle/joint aches or pain) occur within three to 32 days after a bite from an infected tick. Like most tick-borne diseases, Lyme disease can be treated with antibiotics under the care of a health care provider.

Ticks may carry other infectious organisms that cause human disease such as RMSF, ehrlichiosis, babesiosis, and even tularemia. In



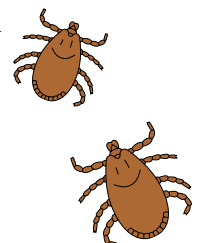
Maryland, RMSF was confirmed in five cases and 38 were probable in 2002. During the same time frame, 31 ehrlichiosis cases were reported as either confirmed (two) or probable (29).

Initial symptoms of RMSF may include fever, nausea, vomiting, severe headache, muscle pain, and lack of appetite. Later signs and symptoms include rash, abdominal pain, joint pain, and diarrhea. The three classic medical findings of this disease are fever, rash, and a history of tick bite; although rash may be seen in only 50 to 70 percent of patients.

*Ehrlichiosis* symptoms usually begin with fever, headache, malaise, and muscle aches. Other signs and symptoms may include nausea, vomiting, diarrhea, cough, joint pains, confusion, and occasionally a rash.

Currently, there are no vaccines to prevent any tick-borne diseases, so avoiding tick bites remains the key to prevention.

Although prevention is best, seek medical care if you develop any symptoms that you suspect are due to tick-borne disease. The diagnosis of tick-borne diseases requires a visit to a health care provider to evaluate the signs and symptoms. Often blood tests are ordered and treatment may be started pending results of the tests. Long-term problems with Lyme disease and other tick-borne diseases can often be prevented with early diagnosis and treatment.



## Vital Records Fees to Rise

The DHMH Division of Vital Records will increase its fees for certain services effective June 1.

Based on legislation passed by the Maryland General Assembly and signed into law by the Governor, fees for certified copies of certificates will increase from \$6 to \$12 for each requested copy. Maryland had some of the lowest fees in the nation prior to this change.

The increase applies to certified copies of birth, death, fetal death and marriage certificates; a verification of divorce; and for a change to a birth or death certificate made later than one year after the certificate was registered with DHMH. Also beginning on June 1, there will be a \$12 fee for the processing of an adoption, a foreign adoption, a legitimization and an adjudication of paternity.

Certificates may be obtained through the mail or in person from the DHMH Division of Vital Records. Certified copies of birth certificates for individuals born after 1940 and certain death certificates are also available from many local health departments in Maryland on a walk-in basis.

## Hospital Performance Evaluation Guide

Consumers are now able to obtain quality of care information for the treatment and prevention of congestive heart failure and community acquired pneumonia in the new edition of the *Maryland Hospital Performance Evaluation Guide*.

This is the first time quality information on specific medical conditions has been available in this report, released jointly by the Maryland Health Care Commission (MHCC) and the Health Services Cost Review Commission (HSCRC).

Over the past year, all Maryland hospitals participated in this important data collection and analysis project, which is available on the Internet at [www.mhcc.state.md.us/hospitalguide](http://www.mhcc.state.md.us/hospitalguide).

Maryland consumers are provided with the hospital specific rate, the State average, and the rate of the highest performing hospital in the State. All hospitals are striving to reach a goal of 100 percent compliance in these measures. The Web site report also allows consumers to access a single page where all hospitals' rates can be compared to each other.

The two reported conditions represent only the first steps in providing information on specific clinical conditions. MHCC and HSCRC plan to add measures for which there is wide agreement on recommended care. The first sets of conditions were selected from a Joint Commission on Accreditation of Healthcare Organization (JCAHO) initiative that collects quality of care information from hospitals in a method designed to permit rigorous comparisons using standardized evidence-based measures.

In addition to finding quality information, consumers have access to useful facility characteristics such as the location of the hospital, number of beds, ownership information and accreditation status.

Also featured is information on 33 medical conditions, or diagnosis-related groups (DRGs). For each hospital, consumers can compare the volume, risk adjusted length-of-stay, and risk adjusted readmission rate for each DRG.

One of the most comprehensive in the country, the publication offers a detailed look at over 40 Maryland acute care hospitals, and enables consumers to review information on the percentage of patients receiving recommended medications, diagnostic tests, and follow-up instructions.

It provides general information on patient rights and how hospitals are regulated in Maryland. Other features include a checklist to help consumers select a hospital, and information on what to expect in a hospital setting.



STATE OF MARYLAND

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